

Office of Public Carrier
Delaware Transit Corporation
119 Lower Beech Street, Suite 100
Wilmington DE 19805-4440
1-800-652-3278, Prompt 7 Fax 302-577-1042
M-F 8:30 am to 4:00 pm

APPLICATION TO AMEND
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

SECTION I - APPLICANT INFORMATION

Application Type:
(Check Appropriate Box (es))

Change of Address ☐ Change of Business Phone ☐
Change of Email ☐ Change in Ownership ☐

Applicant Name

Trading As:

Address:

Contact Person:

Contact Number:

E-Mail Address:

SECTION 2: AMENDMENT INFORMATION

Provide the information that applies to the information being updated or changed.

Type of Service:

Taxi ☐ Limousine ☐ Charter Bus ☐

Non-Emergency Medical ☐ Fixed Route ☐

Old Address:

New Address:

Old Phone

New Phone Number

Old E-Mail Address

New E-Mail Address

SECTION 3: OWNERSHIP CHANGE

Name(s) of Removed
Owners, Directors,
Officers, Partners and/or
Stockholders: (Please
Print)

Name(s) of Added
Owners, Directors,
Officers, Partners and/or
Stockholders: (Please
Print)

SECTION 4: BACKGROUND CHECK

All business owners, officers, directors, members and managers must qualify for a Delaware “Z” driver’s license endorsement. This requires completing and submitting to a Federal Bureau of Investigation and State Bureau of Investigation criminal history background check to verify that they have not committed any crimes that would disqualify them from obtaining a “Z” endorsement. Please attach a copy of verified criminal background checks and label as **Attachment A** for any and all added business owners, officers, directors, partners, members and managers.

SECTION 5: OPERATION IMPACTS

Describe any and all impacts the changes identified in this Application will have on Applicant's operation and services. Include any impact the changes will have on operating hours, services provided, territory serviced, and Applicant's ability to service its customer base.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

SECTION 6: FINANCIAL ABILITY

A public carrier must show sufficient financial ability to compensate a member of the public for injuries to person or property, which they may sustain from acts or failures to act of the public carrier. Applicant must attach a copy of a General Liability insurance policy, from a solvent, reputable insurance company licensed to do business in the State of Delaware in an amount no less than one million dollars (\$1,000,000) or a bond from a solvent, reputable surety company licensed to do business in the State of Delaware that is conditioned for payment of property damage and personal injuries sustained by acts or failures to act by a Public Carrier, and shall be in an amount no less than one hundred thousand dollars (\$100,000). Label as Attachment B.

SECTION 9: APPLICANT SIGNATURE

Please read the following statement carefully before signing this Application. Any false or substantive omission of information may be cause for rejection of Application, or revocation of Certification (if Certification approval has been given). I certify under penalty provided by law, that the statements made and the information furnished in this Application are true, correct, and complete to the best of knowledge and belief.

Applicant Signature: _____

Print Name: _____ **Date:** _____

For Applications removing and/or adding officers, directors, partners and stockholders the signatures of removed and/or added individuals is required.

1) Signature: _____

Print Name: _____ **Date:** _____

2) Signature: _____

Print Name: _____ **Date:** _____

3) Signature: _____

Print Name: _____ **Date:** _____

4) Signature: _____

Print Name: _____ **Date:** _____

4) Signature: _____

Print Name: _____ **Date:** _____

5) Signature: _____

Print Name: _____ **Date:** _____

FOR OFFICE USE ONLY

Reviewer _____ Date _____

Application Completion Date _____

Fee Paid \$ _____ Date Fee Received _____

Application Denied _____ Approved _____

Comments: _____

Reviewer Signature _____ Date _____